MULTIPLE DEPENDENT CLAIM SERIAL NO. FILLYC DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER **AS FILED** AFTER 1"AMENDMENT 2 AMERIMENT AS FILED AFTER AFTER IND. DEP. IND. DEP. CAKERDMENT THAMEROMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>6</u> 6 <u>37</u> • 43 47. T T TOTALEXO # A **∳**¤ TOTAL BEE TOTAL U.S. DEPARTMENT ACEMMENCE